



North Dakota Medicaid

Trading Partner Agreement Companion Guide

837 Institutional Health Care Claim -- ANSI X12 4010A1

Rev. 08-2003

The Health Insurance Portability and Accountability Act (HIPAA) requires that as covered entities, health insurance payers abide by the Electronic Data Interchange (EDI) standards for health care as instituted by the Secretary of Health and Human Services. The ANSI X12N Implementation Guides have been established as the standards of compliance for electronic transactions. This document is intended to serve only as a companion document to the HIPAA ANSI X12N 837 4010A1 implementation guides. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the X12N 837 Institutional 4010 Addenda implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, and will be posted as they become available. Items within this document apply to North Dakota Medicaid. The information in this document is subject to change.

| Loop ID | Loop ID Description | Segment ID | Segment Description | Data Element ID | Data Element Description | Size | Plan Preferences - Required Values / Comments |
|---------|-----------------------|------------|---|-----------------|--|------|---|
| | | ISA | Interchange Control Header | ISA05 | Interchange ID Qualifier | 2 | Enter the value "ZZ", mutually defined. |
| | | ISA | Interchange Control Header | ISA06 | Interchange Sender ID | 15 | Enter the nine-digit numeric vendor number assigned by North Dakota Department of Human Services. |
| | | ISA | Interchange Control Header | ISA07 | Interchange ID Qualifier | 2 | Enter the value "ZZ", mutually defined. |
| | | ISA | Interchange Control Header | ISA08 | Interchange Receiver ID | 15 | Enter "NDDHSMED" |
| | | ISA | Interchange Control Header | ISA16 | Component Element Separator | 1 | North Dakota Medicaid prefers '>' as the Composite Element Separator; '*' as the Element Separator; and '~' as the Segment Terminator |
| | | GS | Functional Group Header | GS02 | Application sender's code | 15 | Enter the same value as ISA06, the nine-digit numeric vendor number assigned by the North Dakota Department of Human Services. |
| | | GS | Functional Group Header | GS03 | Application receiver's code | 15 | Enter "NDDHSMED" |
| | | GS | Functional Group Header | GS08 | Version / release / industry identifier code | 12 | Enter the value "004010X096A1", the HIPAA mandated implementation guide release for this transaction. |
| | Header | REF | Transmission Type Identification | REF02 | Reference Identification | 30 | 004010X096A1 |
| | Header | ST | Transaction Set Header | ST01 | Transaction Set Identifier Code | 3 | 837 |
| 2010AA | Billing Provider Name | NM1 | Billing Provider Name | NM103 | Name Last or Organization Name | 35 | North Dakota Medicaid Provider Name |
| 2010AA | Billing Provider Name | REF | Billing Provider Secondary Identification | REF02 | Reference Identification | 30 | North Dakota Medicaid Provider Number |
| 2010AB | Pay-To Provider Name | NM1 | Pay-to- Provider Name | NM103 | Name Last or Organization Name | 35 | North Dakota Medicaid Provider Name |
| 2010AB | Pay-To Provider Name | REF | Pay-to-Provider Secondary Identification | REF02 | Reference Identification | 30 | North Dakota Medicaid Provider Number |
| 2010BA | Subscriber Name | NM1 | Subscriber Name | NM103 | Name Last or Organization Name | 35 | North Dakota Medicaid Recipient Last Name |
| 2010BA | Subscriber Name | NM1 | Subscriber Name | NM104 | Name First | 25 | North Dakota Medicaid Recipient First Name |
| 2010BA | Subscriber Name | NM1 | Subscriber Name | NM105 | Name Middle | 25 | North Dakota Medicaid Recipient Middle Initial |
| 2010BA | Subscriber Name | NM1 | Subscriber Name | NM109 | Identification Code | 80 | North Dakota Medicaid Recipient Number |
| 2300 | Claim Information | AMT | Patient Paid Amount | AMT02 | Monetary Amount | 18 | Patient Amount Paid |

| Loop ID | Loop ID Description | Segment ID | Segment Description | Data Element ID | Data Element Description | Size | Plan Preferences - Required Values / Comments |
|---------|---------------------|------------|---|-----------------|-----------------------------------|------|---|
| | | | | | | | |
| 2300 | Claim Information | CL1 | Institutional Claim Code | CL101 | Admission Type Code | 1 | Admission Type Code |
| 2300 | Claim Information | CL1 | Institutional Claim Code | CL102 | Admission Source Code | 1 | Admission Source Code |
| 2300 | Claim Information | CL1 | Institutional Claim Code | CL103 | Patient Status Code | 2 | Patient Status / Discharge Code |
| 2300 | Claim Information | CLM | Claim information | CLM01 | Claim Submitter's Identifier | 38 | Patient Account Number |
| 2300 | Claim Information | CLM | Claim information | CLM02 | Monetary Amount | 18 | Total Claim Charge Amount |
| 2300 | Claim Information | CLM | Claim information | CLM05-1 | Facility Code Value | 2 | Type of Bill |
| 2300 | Claim Information | CLM | Claim information | CLM06 | Yes/No Condition or Response Code | 1 | Provider Signature on File |
| 2300 | Claim Information | CR6 | Home Health Care Information | CR602 | Date | 8 | Service From Date |
| 2300 | Claim Information | DTP | Statement Dates | DTP03 | Date Time Period | 35 | Statement From or To Date - (DTP01 = 434 - Statement) |
| 2300 | Claim Information | DTP | Admission Date/Hour | DTP03 | Date Time Period | 35 | Admission Date and Hour - (DTP01 = 435 - Admission) |
| 2300 | Claim Information | DTP | Statement Dates | DTP03 | Date Time Period | 35 | Discharge or Statement To Date - (If the Patient Status Code not = '9', DISCHARGE DATE = 'TO SERVICE DATE') |
| 2300 | Claim Information | HI | Condition Information | HI01-2 | Industry Code | 30 | Condition Code (BG in HI01-1 = Condition) |
| 2300 | Claim Information | HI | Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information | HI01-2 | Industry Code | 30 | Principal Diagnosis (1) - (BK in HI01-1 = Principal Diagnosis) |
| 2300 | Claim Information | HI | Other Diagnosis Information | HI01-2 | Industry Code | 30 | Other Diagnosis (2-9) - (BF in HI01-1 = other Diagnosis) |
| 2300 | Claim Information | HI | Occurrence Information | HI01-2 | Industry Code | 30 | Occurrence Code - (BH in HI01-1 = Occurrence) |
| 2300 | Claim Information | HI | Principal Procedure Information | HI01-2 | Industry Code | 30 | Principal Procedure Code - (BP or BR in HI01-1) |
| 2300 | Claim Information | HI | Other Procedure Information | HI01-2 | Industry Code | 30 | Other Procedure Code |
| 2300 | Claim Information | HI | Occurrence Information | HI01-4 | Date Time Period | 35 | Occurrence Date - (D8 - CCYYMMDD) |
| 2300 | Claim Information | HI | Principal Procedure Information | HI01-4 | Date Time Period | 35 | Principal Procedure Date - (D8 - CCYYMMDD) |
| 2300 | Claim Information | HI | Other Procedure Information | HI01-4 | Date Time Period | 35 | Other Procedure Date - (D8 - CCYYMMDD) |
| 2300 | Claim Information | HI | Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information | HI02-2 | Industry Code | 30 | Admitting Diagnosis - (BJ in HI02-1 = Admitting Diagnosis) |
| 2300 | Claim Information | HI | Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information | HI03-2 | Industry Code | 30 | E-code - (BN in HI03-1 = E-code) |
| 2300 | Claim Information | QTY | Claim Quantity | QTY02 | Quantity | 15 | Non-Covered Claim Days Count - (where QTY01 = NA - Number of Non-covered Days) |
| 2300 | Claim Information | REF | Prior Authorization or Referral Number | REF02 | Reference Identification | 30 | Prior Authorization Number (G1 in REF01 = Prior Authorization Number) |
| 2300 | Claim Information | REF | Original Reference Number (ICN/DCN) | REF02 | Reference Identification | 30 | Use this number to adjust a previously processed claim by ND Medicaid (F8 in REF01 = Original Medicaid Internal Control Number) |

| Loop ID | Loop ID Description | Segment ID | Segment Description | Data Element ID | Data Element Description | Size | Plan Preferences - Required Values / Comments |
|---------|--------------------------------|------------|--|-----------------|-----------------------------|------|---|
| 2310A | Attending Physician Name | REF | Attending Physician Secondary Identification | REF02 | Reference Identification | 30 | Attending Physician Number - (1D in REF01 = ND Medicaid Provider Number OR 1G in REF01 = UPIN Number) |
| 2310B | Operating Physician Name | REF | Operating Physician Secondary Identification | REF02 | Reference Identification | 30 | Operating Physician Number - (1D in REF01 = ND Medicaid Provider Number OR 1G in REF01 = UPIN Number) |
| 2310C | Other Provider Name | REF | Other Provider Secondary Identification | REF02 | Reference Identification | 30 | Other Provider Number - (1D in REF01 = ND Medicaid Provider Number OR 1G in REF01 = UPIN Number) |
| 2310D | Referring Provider Name | REF | Referring Provider Secondary Identification | REF02 | Reference Identification | 30 | Referring Provider Number - (1D in REF01 = ND Medicaid Provider Number OR 1G in REF01 = UPIN Number) |
| 2320 | Other Subscriber Information | AMT | Payer Prior Payment | AMT02 | Monetary Amount | 18 | Payer Paid Amount (Other Insurance Amount) - (C4 in AMT01 = Prior Payment - Actual) |
| 2320 | Other Subscriber Information | SBR | Subscriber Information | SBR09 | Claim Filing Indicator Code | 2 | If Patient has Medicare Part A, use SBR09 = 'MA' |
| 2320 | Other Subscriber Information | SBR | Subscriber Information | SBR09 | Claim Filing Indicator Code | 2 | If Patient has Medicare Part B, use SBR09 = 'MB' |
| 2400 | Service Line Number | DTP | Service Line Date | DTP03 | Date | 35 | Service Date - (DTP01 = 472 - SERVICE - RD8 CCYYMMDD-CCYYMMDD) |
| 2400 | Service Line Number | SV2 | Institutional Service Line | SV201 | Product/Service ID | 48 | Service Line Revenue Code |
| 2400 | Service Line Number | SV2 | Institutional Service Line | SV202-2 | Product/Service ID | 48 | Procedure Code |
| 2400 | Service Line Number | SV2 | Institutional Service Line | SV202-3 | Procedure Modifier | 2 | HCPCS Modifier 1 |
| 2400 | Service Line Number | SV2 | Institutional Service Line | SV202-4 | Procedure Modifier | 2 | HCPCS Modifier 2 |
| 2400 | Service Line Number | SV2 | Institutional Service Line | SV202-5 | Procedure Modifier | 2 | HCPCS Modifier 3 |
| 2400 | Service Line Number | SV2 | Institutional Service Line | SV202-6 | Procedure Modifier | 2 | HCPCS Modifier 4 |
| 2400 | Service Line Number | SV2 | Institutional Service Line | SV203 | Monetary Amount | 18 | Detail Line Item Charge Amount |
| 2400 | Service Line Number | SV2 | Institutional Service Line | SV205 | Quantity | 15 | Service Unit Count |
| 2400 | Service Line Number | SV2 | Institutional Service Line | SV206 | Unit Rate | 10 | Service Line Unit Rate |
| 2400 | Service Line Number | SV2 | Institutional Service Line | SV207 | Monetary Amount | 18 | Non-Covered Charge Amount |
| 2420A | Attending Physician Name | REF | Attending Physician Secondary Identification | REF02 | Reference Identification | 30 | Attending Physician Number - (1D in REF01 = ND Medicaid Provider Number OR 1G in REF01 = UPIN Number) |
| 2420B | Operating Physician Name | REF | Operating Physician Secondary Identification | REF02 | Reference Identification | 30 | Operating Physician Number - (1D in REF01 = ND Medicaid Provider Number OR 1G in REF01 = UPIN Number) |
| 2430 | Service Line Adjudication Info | CAS | Line Adjustment | CAS03 | Monetary Amount | 18 | Adjustment Amount |
| 2430 | Service Line Adjudication Info | CAS | Line Adjustment | CAS06 | Monetary Amount | 18 | Adjustment Amount |
| 2430 | Service Line Adjudication Info | CAS | Line Adjustment | CAS09 | Monetary Amount | 18 | Adjustment Amount |
| 2430 | Service Line Adjudication Info | CAS | Line Adjustment | CAS12 | Monetary Amount | 18 | Adjustment Amount |
| 2430 | Service Line Adjudication Info | CAS | Line Adjustment | CAS15 | Monetary Amount | 18 | Adjustment Amount |

| Loop ID | Loop ID Description | Segment ID | Segment Description | Data Element ID | Data Element Description | Size | Plan Preferences - Required Values / Comments |
|---------|--------------------------------|------------|---------------------|-------------------|--------------------------|------|--|
| | | | | | | | |
| 2430 | Service Line Adjudication Info | CAS | Line Adjustment | CAS18 | Monetary Amount | 18 | Adjustment Amount |
| 2430 | Service Line Adjudication Info | SVD | Line Adjustment | SVD02 | Monetary Amount | 18 | Service Line Paid Amount; Other Payor Insurance Payment Amount |
| 2430 | Service Line Adjudication Info | SVD | Line Adjustment | SVD03-2 | Product/Service ID | 48 | Procedure Code |
| 2430 | Service Line Adjudication Info | SVD | Line Adjustment | SVD03-3 | Procedure Modifier | 2 | Procedure Modifier 1 |
| 2430 | Service Line Adjudication Info | SVD | Line Adjustment | SVD03-4 | Procedure Modifier | 2 | Procedure Modifier 2 |
| 2430 | Service Line Adjudication Info | SVD | Line Adjustment | SVD03-5 | Procedure Modifier | 2 | Procedure Modifier 3 |
| 2430 | Service Line Adjudication Info | SVD | Line Adjustment | SVD03-6 | Procedure Modifier | 2 | Procedure Modifier 4 |
| 2430 | Service Line Adjudication Info | SVD | Line Adjustment | SVD05 | Quantity | 15 | Paid Service Unit Count |
| 2430 | Service Line Adjudication Info | SVD/CAS | Line Adjustment | SVD02,CAS AMOUNTS | Monetary Amount | 18 | Adjustment Amounts |